



APPLICATION FOR VARIANCE

State Form 44400 (R7 / 10-13)
Approved by State Board of Accounts, 2013

INDIANA DEPARTMENT OF HOMELAND SECURITY
CODE SERVICES SECTION
302 West Washington Street, Room W246
Indianapolis, IN 46204-2739
http://www.in.gov/dhs/fire/fp_bs_comm_code/



INSTRUCTIONS: Please refer to the attached four (4) page instructions.
Attach additional pages as needed to complete this application.

Variance number (Assigned by department)

16-05-02

1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner)

Name of applicant	APERION ESTATES - KENDALLA PAGE	Title	ADMINISTRATOR
Name of organization	APERION ESTATES HEALTH CARE	Telephone number	765 689-7305
Address (number and street, city, state, and ZIP code)			
1200 KITTY HAWK DRIVE, PERU, INDIANA			46970

2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant)

Name of applicant	N/A	Title	
Name of organization		Telephone number	()
Address (number and street, city, state, and ZIP code)			

3. DESIGN PROFESSIONAL OF RECORD (If applicable)

Name of design professional	N/A	License number	
Name of organization		Telephone number	()
Address (number and street, city, state, and ZIP code)			

4. PROJECT IDENTIFICATION

Name of project	REMOVABLE STAIRCASE PLASTIC CHAIN	State project number		County	MIAMMI
Address of site (number and street, city, state, and ZIP code)					
1200 KITTY HAWK DRIVE, PERU, INDIANA					
Type of project					
<input type="checkbox"/> New <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Change of occupancy <input type="checkbox"/> Existing					

5. REQUIRED ADDITIONAL INFORMATION

The following required information has been included with this application (check as applicable):

A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions)

One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives.

Written documentation showing that the local fire official has received a copy of the variance application.

Written documentation showing that the local building official has received a copy of the variance application.

6. VIOLATION INFORMATION

Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order?

Yes (If yes, attach a copy of the Correction Order.) No

Has a violation been issued?

Yes (If yes, attach a copy of the Violation and answer the following.) No

Violation issued by:

Local Building Department State Fire and Building Code Enforcement Section Local Fire Department

7. DESCRIPTION OF REQUESTED VARIANCE

Name of code or standard and edition involved	Specific code section
Nature of non-compliance (Include a description of spaces, equipment, etc. involved as necessary.)	
<p>PLASTIC CHAIN AT TOP OF TWO STAIRCASES TO PREVENT ACCIDENTAL FALLS CHAINS ARE EASILY REMOVED AND ARE FOR JEREBANT PURPOSES.</p>	

8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED

Select one of the following statements:

Non-compliance with the rule will not be adverse to the public health, safety or welfare; or

Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (be specific).

Facts demonstrating that the above selected statement is true:

IF NOT APPROVED AN ALTERNATE PLAN WILL BE DEVELOPED WITH ANTICIPATED GREAT EXPENSE.

9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

Select at least one of the following statements:

Imposition of the rule would result in an undue hardship (unusual difficulty) because of physical limitations of the construction site or its utility services.

Imposition of the rule would result in an undue hardship (unusual difficulty) because of major operational problems in the use of the building or structure.

Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements.

Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.

Facts demonstrating that the above selected statement is true:

NONE OF THE ABOVE.

10. STATEMENT OF ACCURACY

I hereby certify under penalty of perjury that the information contained in this application is accurate.

Signature of applicant or person submitting application	Please print name	Date of signature (month, day, year)
<i>Kendall A. Page</i>	KENDALL A. PAGE	3/9/2016
Signature of design professional (if applicable)	Please print name	Date of signature (month, day, year)
N/A		

11. STATEMENT OF AWARENESS (If the application is submitted on the applicant's behalf, the applicant must sign the following statement.)

I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.

Signature of applicant	Please print name	Date of signature (month, day, year)
<i>Kendall A. Page</i>	KENDALL A. PAGE	3/9/2016

**Aperion Estates
1200 Kitty Hawk
Peru, Indiana 46970
765-689-7305**

**Indiana Department of Homeland Security
Code Services Section
302 West Washington Street, Room W246
Indianapolis, Indiana 46204-2739**

Dear Sir,

We are filing an "Application for Variance" for Aperion Estates of Peru, Indiana locate on the Grissom Air Force base.

Our Resident s occupy the second level of our building. That area is partially serviced by a large staircase in the very front of the building and a smaller staircase located at the back entrance.

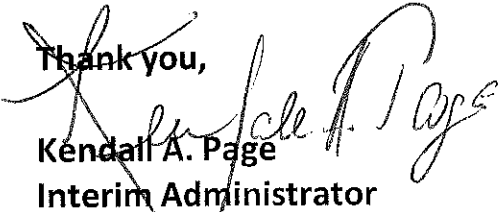
We are concerned that a Resident might pass by those areas and with no deterrent and make a misjudgment and fall forward.

A deterrent such as we request would not produce a fire hazard as it would be easily removable in emergent situations. However, the cordon would present a physical warning to stay clear of the staircase for safety reasons.

We have local Fire Marshall Approval as indicated in our application and would solicit your approval so that we might proceed with this more than necessary simple alteration.

We will await your approval before proceeding.

Thank you,


**Kendall A. Page
Interim Administrator
Aperion Estates**





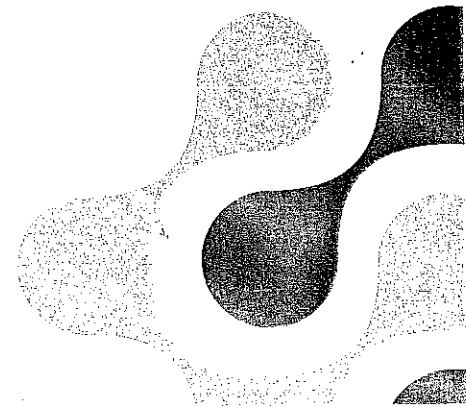
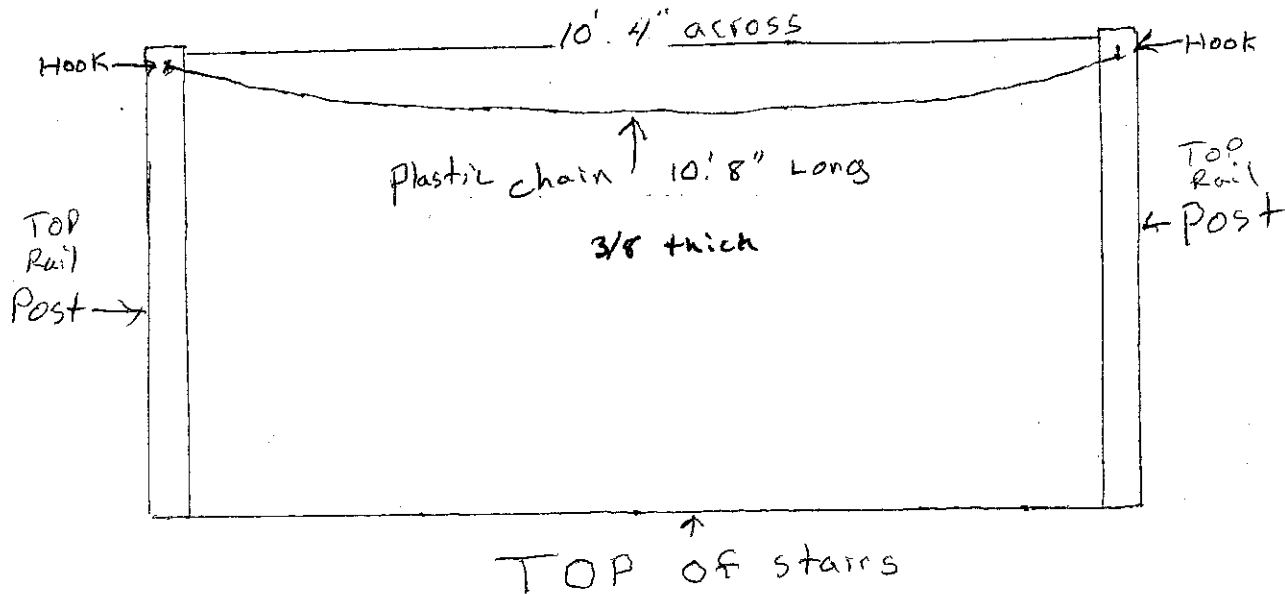




03/09/2016



Front stairs



Rear Stairs

